

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKTerrance Spence Den# 13A5242**14CV8848**

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

E.S.U Captain John Doe #1
E.S.U Captain John Doe #2
E.S.U Officer John Doe #1
E.S.U Officer John Doe #2
E.S.U Officer John Doe #3
E.S.U Officer John Doe #4
E.S.U Officer John Doe #5Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

NOV - 5 2014

PRO SE OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Terrance Spence

ID #

13A5242

Current Institution

COXSACKIE Correctional Facility

Address

P.O. Box 999COXSACKIE, NY 12051-0999

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

E.S.U Captain John Doe #1Shield # unknown

Where Currently Employed

N.Y.C. Department of Corrections

Address

11-11 Hazen StreetEast Elmhurst, New York 11370

- Defendant No. 2 Name E.S.U Captain John Doe #2 Shield # unknown
Where Currently Employed N.Y.C Department of Corrections
Address 11-11 Hazen Street
East Elmhurst, New York 11370
- Defendant No. 3 Name E.S.U Officer John Doe #1 Shield # unknown
Where Currently Employed N.Y.C Department of Corrections
Address 11-11 Hazen Street
East Elmhurst, New York 11370
- Defendant No. 4 Name E.S.U Officer John Doe #2 Shield # unknown
Where Currently Employed N.Y.C Department of Corrections
Address 11-11 Hazen Street
East Elmhurst, New York 11370
- Defendant No. 5 Name E.S.U Officer John Doe #3 Shield # unknown
Where Currently Employed N.Y.C Department of Corrections
Address 11-11 Hazen Street
East Elmhurst, New York 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
Robert N. Davoren Center, 11-11 Hazen Street
East Elmhurst New York 11370
- B. Where in the institution did the events giving rise to your claim(s) occur?
Housing Area 2 Central North side, Hallway from Housing
Area 2 central to Intake Area, Intake Area, Housing
Area Test, A and B gate Area and cell
- C. What date and approximate time did the events giving rise to your claim(s) occur?
January, 10 2014 at 5:30 Am

D. Facts: On January 10 2014 at 5:30Am an E.S.U unit entered housing Area 2 central North side. They proceeded to conduct a search. When I was reached for my cell to be searched, my cell was searched, then I was searched by the two unknown E.S.U officers that searched my cell, then cuffed, cutting the circulation off in my left hand, and placed back in the cell. I was in my cell in this condition for almost three hours. At about 8:30Am, two unknown E.S.U officers, removed me from my cell. At this time I told the two unknown E.S.U officers that my left wrist and hand was injured then requested medical attention. I was ignored. Another unknown E.S.U Captain was present, I then tried to tell him the same about my injuries and again was ignored. Then I was dragged out of the Housing Area by my arms. From there I was escorted by another E.S.U officer to the intake area where I also let him know about my situation and again ignored. I then seen another E.S.U Captain and tried let him know but was then again ignored. I was not given medical attention until 2:00 PM that day.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Temporary paraloses, contusion, abrasions to my left wrist, and reduced feeling near thumb area, nerve damage. I was given a cast, pain medication, and Occupational therapy.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Robert N. Davoren Center 11-11 Hazen Street
East Elmhurst, New York 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: Yes
was not given a chance to file a grievance.
was sent back to the New York State
Department of Corrections and Community
Supervision.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: Housing Area Officer and Captain. An investigation was started where another captain came to interview me and took pictures of injury.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking monetary compensation in the amount of five million dollars (\$5,000,000) for injuries sustained, further medical treatment, and permanent injuries sustained from incident.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On these claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ____ day of _____, 20__.

Signature of Plaintiff

Tehanne Spive

Inmate Number

13A5242

Institution Address

Coxsackie C.F
PO Box 999
Coxsackie, New York 12051-
0999

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 31 day of October, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Tehanne Spive

sworn before me this 31st
day of October 2014

Kenneth Wilsey

Notary public

KENNETH R. WILSEY
Notary Public – State of New York
No. 01W16296942
Qualified in Albany County
My Commission Expires Feb. 10, 2018